GUARDIAN LIFE LIMITED
LOOKING AFTER LIFE
A MEMBER OF THE GUARDIAN HOLDINGS GROUP

GROUP CHANGE REQUEST FORM
EBD186

MedeCus HEALTH

12 Trafalgar Road, Kingston 10, Jamaica W.I.
Tel.: (876) 978-4473 Fax.: (876) 927-4732
Toll Free: 1-888-MEDECUS Website: www.medecus.com

Member/Employee Name[3]

Group No.

Member No.[1]

Employer

TRN[2] (Member) ___ ___ ___ – ___ ___ ___ – ___ ___ ___

☐ CHANGE OF DEPENDENT STATUS (LIST DETAILS BELOW)

☐ ADDITION OF DEPENDENT(S) (as listed below)

☐ DELETION OF MEMBER

☐ DELETION OF DEPENDENT(S) (as listed below)

SURNAME	FIRST NAME	M.I.	RELATIONSHIP	DATE OF BIRTH DD MM YY	TRN

REASON FOR ADDITION OF DEPENDENT

☐ MARRIAGE
☐ BIRTH OF CHILD
☐ ADOPTION / FOSTER CHILD
☐ OTHER (specify)

REASON FOR DELETION OF DEPENDENT

☐ DIVORCE / DEATH OF DEPENDENTS
☐ DEPENDENT ATTAINED AGE 19 OR, AGE 23, IF A STUDENT
☐ OTHER (specify)

☐ CHANGE OF NAME — PLEASE CHANGE THE NAME OF THE ☐ EMPLOYEE ☐ DEPENDENT

FROM NAME CURRENTLY ON MEDECUS' RECORDS

TO SURNAME

FIRST NAME

INDICATE REASON FOR CHANGE OF NAME ☐ MARRIAGE ☐ OTHER (specify and attach supporting documents)

☐ CORRECTION OF DATE OF BIRTH — PLEASE CORRECT THE DATE OF BIRTH OF THE ☐ EMPLOYEE ☐ DEPENDENT

NAME _____
FIRST NAME (PLEASE PRINT)

_____
LAST NAME (PLEASE PRINT)

DATE OF BIRTH

DD	MM	YY

INDICATE REASON FOR CORRECTION

(SUBMIT SUPPORTING DOCUMENTS)

I AGREE TO ANY CHANGE IN CONTRIBUTION NECESSITATED BY THE REQUESTED CHANGE(S) IN COVERAGE

_____ AUTHORIZED OFFICER

_____ DATE

_____ SIGNATURE OF EMPLOYEE

GCRF01.06
FORM # EBD.E 0006/00186 03/2010

FOR OFFICIAL USE: Index by Member No., TRN and Name of Member